



## Renewal of a Spiritual Healer Practitioner License

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Present License Number: \_\_\_\_\_

Please list any new healing techniques or modalities you added to your practice this past year: (Share anything about your practice on the back of this application.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send your application with your check or money order for \$55 to: FSHLB – ISOMF, 8417 Oswego Road #131, Baldwinsville, NY 13027 or fax to 888-661-6361 or email to [isomfp@fshlb.com](mailto:isomfp@fshlb.com) and pay by credit card using the secure and confidential credit card gateway at <https://ipxservices.com/fshbl/isomfp-r.html>